THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

DEC 19 2005

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR OF THE JOINT STAFF

SUBJECT: Joint Theater Trauma Records

REFERENCES: (a) ASD (HA) Policy Memorandum 04-031, "Coordination of Policy to Establish a Joint Theater Trauma Registry," December 22, 2004
(b) DoD 8910.1-M, "Department of Defense Procedures for Management of Information Requirements," June 1998

By the Reference (a) Policy Memorandum, I established the requirement for Army, Navy, Marine, and Air Force medical personnel to collaborate on and implement a Joint Theater Trauma Record to provide uniform descriptions of the epidemiology, nature, and severity of injuries; the time and nature of care provided; and patient outcomes.

As a result of the Services, Joint Staff, and Health Affairs collaboration, a new series of three trauma record templates was prepared to accommodate physician and nurse record keeping at theater Taxonomy-of-Care categories Forward Resuscitative Care (essentially equivalent to Level IIB) and Theater Care (essentially equivalent to Level III).

I have reviewed the templates and approve them as the basis for standardized Department of Defense (DoD)-wide use, and as sources of data for the Joint Theater Trauma Registry. I have established a suspense date of February 15, 2005 for translating the attached templates into Service forms and fielded to current combat theaters, although it should be done as soon as possible. The Services should consider whether to distribute interim forms to the combat theater in advance of final forms approval.

Each Service shall replace existing trauma records with forms based on the templates and integrate the replacement formats through their respective forms management processes. No changes may be made to the content in the shaded areas of the forms without my express approval.

The attached health record templates are exempt from licensing in accordance with DoD 8910.1-M (Reference (b)). However, in implementing the forms through Service-specific forms management processes, the Services may be required to obtain Washington Headquarters Service licenses per Reference (b).

My point of contact for this action is Dr. Salvatore Cirone, (703) 575-2679, Salvatore.Cirone@ha.osd.mil. Please keep him advised of Service progress in fielding the new forms.

William Winkenwerder, Jr., MD

Attachments:
As stated

cc:
Joint Staff Surgeon
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Deputy Assistant Secretary of Defense (C&PP)
Commander, USAMRMC

PHYSICIAN TRAUMA ADMITTING RECORD (THEATER HOSPITAL CARE) (Level 3)

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

DATE: _____ VITAL SIGNS

TIME OF INJURY: _____

TIME OF ARRIVAL: _____ T_____ P_____ R_____ BP ____/____ O2 Sat _____

LOCATION OF PRE-HOSP. CARE: _____

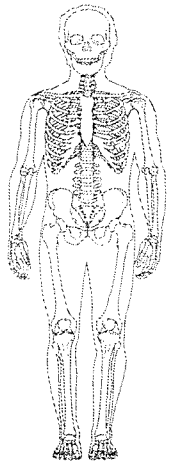
TRIAGE CATEGORY

☐ Immediate ☐ Delayed
☐ Minimal ☐ Expectant

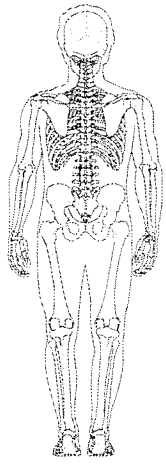
HISTORY & PHYSICAL

INJURY DESCRIPTION R L L R

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn %TBSA_____
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(SS)Seatbelt Sign

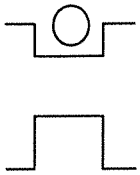


ANTERIOR



POSTERIOR

Pulses Present:
S= Strong
W= Weak
D= Doppler
A=Absent



HISTORY AND PRESENTING ILLNESS: _____

MECHANISM OF INJURY

☐ Assault/Fight ☐ Helo Crash
☐ Biological ☐ Hot Obj/Liquid
☐ Blast/Explosion ☐ IED
☐ Blunt Trauma ☐ Knife/Edge
☐ Bomb ☐ Landmine
☐ Building Collapse ☐ Machinery
☐ Burn ☐ Mortar
☐ Chemical ☐ Multi-frag
☐ Crush ☐ MVC
☐ Drowning ☐ Plane Crash
☐ Fall ☐ Rad/Nuclear
☐ Flying Debris ☐ Single Frag
☐ Grenade ☐ UXO
☐ GSW/Bullet ☐ Other _____

CARE DONE PRIOR TO ARRIVAL

Pre-hospital Airway: ☐no ☐yes

Pre-hosp. Tourniquet : ☐no ☐yes Type: ____ TIME On:_____ Off:_____

Pre-hosp. Chest Tube: ☐no ☐yes R L (circle as applicable)

Temp Control Measure: ☐no ☐yes type: ☐dy bag ☐er

Intraosseous Access: ☐ ☐

HISTORY & PHYSICAL

Head & Neck:

Tymp Membranes
Clear R ☐ L ☐
Blood R ☐ L ☐

Chest:

Abdomen:

Pelvis: ☐ Stable ☐ Unstable

Upper Extremities:

Lower extremities:

Neuro: GCS:_____
E__/4 M___/6 V___/5

C-Spine Tender
☐ Yes ☐ No

Motor Deficit:
None
R UE/LE
L UE/LE

Skin: Burn: 1st 2nd 3rd %TBSA

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☐ ☐
NR ☐ ☐
Hand Motion ☐ ☐
Light Perception ☐ ☐
No Light Perception ☐ ☐
Size____mm ____mm

INITIAL PROCEDURES / DIAGNOSTICS

☐ C-Collar ☐ Intubate ☐ Canthotomy (circle L/R)
☐ Airway (oral/ nasal) ☐ CRIC ☐ Cantholysis (circle L/R)
☐ Chest tube ☐ R ☐ L ☐ Output ☐ Blood: mls ____ ☐ Air
☐ Needle decompression ☐ R ☐ L ☐ Output: ☐ Blood: mls _____ ☐ Air
☐ Pericardiocentesis ☐ Thoracotomy

Rectal Exam
Tone_____
Gross Blood +/-
Prostate_____
GYN_____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

☐ Closed Reduction ☐ EXT Fixation
☐ Splint ☐ Wound Washout
☐ Tourniquet Type CAT / SOFTT / Oth Time On:_____ Time Off:_____

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type CAT / SOFTT / Oth Time on:_____ Time off:_____

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseus
☐ Central Line
☐ A-Line

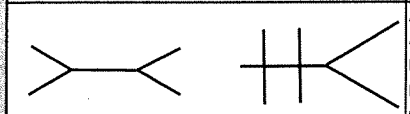
HYPO / HYPERTHERMIA CONTROL MEASURES

Beginning Temp _____ Time/date
Ending Temp _____ Time/date

Temperature Control Procedure
☐ Bair Hugger ☐ Fwd Resus Fluid Warmer
☐ Chill Buster ☐ Body Bag
☐ Cooling Blanket ☐ Other _____

LABORATORY

CBC



PT/ INR/ PTT

_____/_____/_____

CHEMISTRY 7

Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other:

LFT

URINALYSIS

SpGr: _____
pH: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

ALLERGIES

☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

ABG

FiO2: _____ VENT:
pH: _____ YES NO
pCO2: _____ ETT Size: ____
pO2: _____
HCO3: _____
Sat: _____
BE: _____

MEDICATIONS

☐ DT
☐ Abx _____
☐ Versed
☐ Morphine
☐ Fentanyl
☐ Other:

IV FLUIDS/BLOOD PRODUCTS

☐ Crystalloids _____cc's NS LR
☐ Colloids _____cc's
☐ PRBC's _____ ____units
☐ FFP _____ ____units
☐ Whole Bld _____ ____units
☐ Cryo _____ ____units
☐ PLT's _____ ____packs

PMH

☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratory ☐ Other
☐ Seizure

Patient NAME/ID:

DATE: (dd,mm,yy)

Last: **First** **MI**

MTF transferred from:

SSN/ID **DOB/AGE**

MTF:

PHYSICIAN TRAUMA TREATMENT RECORD FORWARD RESUSCITATIVE CARE (Level 2B)

X-RAYS	OBTAINED	PENDING	RESULTS
CXR	☐ SUPINE ☐ UP RIGHT ☐ _____		
OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

IMPRESSION

DIAGNOSIS

1

2

3

4

5

PLAN

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury,Other	☐ STDs	☐ _____
☐ FUO	☐ Injury,Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

PROTECTIVE GEAR ☐ Unknown	WORN	NOT WORN	STRUCK	PENETRATED
Helmet circle: Kevlar/ ACH/ MICH/ CVC/ AVN/ USMC	☐	☐	☐	☐
Flak Vest/IBA circle: XS/ S/ M/ L/ XL/ XXL/ XXXL/ XXXXL	☐	☐	☐	☐
Ceramic Plate circle: XS/ S/ M/ L/ XL	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear eyeglasses/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG	☐	☐	☐	☐
Deltoid/Axilla ext. ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (yoke and collar, throat protector) ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext. ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐	G ☐ L ☐

Evacuated/ Dispositioned to:

☐ Admit to _____

☐ Evac to: Theater Care, Definitive Care, HN, Coalition

Name of facility: _____ EVAC PRIORITY

☐ RTD Unit _____ ☐ Routine

☐ Priority

☐ Deceased (see below) ☐ Urgent

Time of disposition (MOVE): _____

Damage Control:	☐ yes	☐ no
Hypothermia:	☐ yes	☐ no
Coagulopathy:	☐ yes	☐ no
Shock:	☐ yes	☐ no

Class of Hemorage

☐ I ☐ II ☐ III ☐ IV

Attending Staff:

Physician Signature: _____

Physician Printed or Typed Name: _____

Cause of Death

Anatomic:

☐ Airway ☐ Chest ☐ Extremity U/L

☐ Head ☐ Pelvis ☐ Other, specify

☐ Neck ☐ Abdomen

Physiologic:

☐ MOF ☐ Hemorrhage ☐ Other

☐ CNS ☐ Total Body Disruption

☐ Sepsis ☐ Breathing

Patient ID/SSN:

Last First MI MTF

SSN/ID DOB (ddmmyy) Age ____

PHYSICIAN TRAUMA TREATMENT RECORD (FORWARD RESUSCITATIVE CARE) (Level 2B)

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

DATE: _____ VITAL SIGNS

TIME OF INJURY: _____

TIME OF ARRIVAL: _____ T____ P____ R____ BP___/____ O2 Sat ____

LOCATION OF PRE-HOSP. CARE: _____

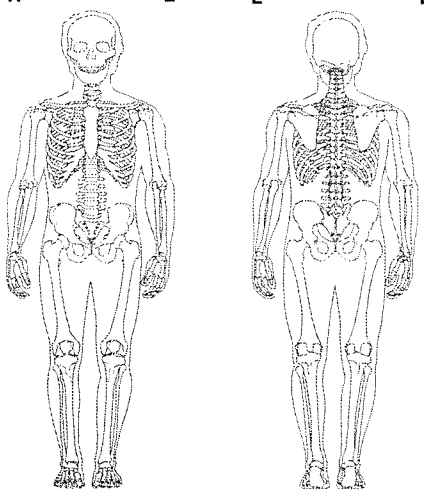
TRIAGE CATEGORY

☐ Immediate ☐ Delayed
☐ Minimal ☐ Expectant

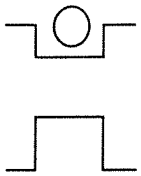
HISTORY & PHYSICAL

INJURY DESCRIPTION

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn %TBSA_____
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oriegn Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain



Pulses Present:
S= Strong
W= Weak
D= Doppler
A=Absent



MECHANISM OF INJURY

☐ Assault/Fight	☐ Helo Crash
☐ Biological	☐ Hot Obj/Liquid
☐ Blast/Explosion	☐ IED
☐ Blunt Trauma	☐ Knife/Edge
☐ Bomb	☐ Landmine
☐ Building Collapse	☐ Machinery
☐ Burn	☐ Mortar
☐ Chemical	☐ Multi-frag
☐ Crush	☐ MVC
☐ Drowning	☐ Plane Crash
☐ Fall	☐ Rad/Nuclear
☐ Flying Debris	☐ Single Frag
☐ Grenade	☐ UXO
☐ GSW/Bullet	☐ Other _____

HISTORY AND PRESENTING ILLNESS: _____

CARE DONE PRIOR TO ARRIVAL

Airway: ☐ no ☐ yes Type: _____

IVs: ☐ no ☐ yes Type:_____ Amt:_____

Chest tube: ☐ no ☐ yes R L (circle as applicable)

Temp control measure: ☐no ☐yes Type: ☐ Body Bag ☐ Other

Intraosseous access: ☐no ☐ yes Location _____

Tourniquet: ☐None Type:_____Time On _____Time Off _____

HISTORY & PHYSICAL

Head & Neck: Tymp Membranes

Clear R ☐ L ☐
Blood R ☐ L ☐

Chest:

Abdomen:

Pelvis: ☐ Stable ☐ Unstable

Upper Extremities:

Lower Extremities:

INITIAL PROCEDURES / DIOGNOSTICS

☐ C-Collar ☐ Intubate
☐ Airway (oral/ nasal) ☐ CRIC
☐ Chest Tube ☐ R ☐ L Output: ☐ Blood: mls ____☐ Air
☐ Needle Decompression ☐ R ☐ L Output:☐ Blood: mls ____☐ Air
☐ Pericardiocentesis ☐ Thoracotomy

Rectal Exam
Tone_____
Gross Blood +/-
Prostate_____
GYN_____

☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley

☐ Closed Reduction ☐ EXT Fixation
☐ Splint ☐ Wound Washout
☐ Tourniquet Type: CAT / SOFTT / Other Time On:_____ Time Off:_____

☐ Closed reduction ☐ EXT Fixation
☐ Splint ☐ Wound washout
☐ Tourniquet Type: CAT / SOFTT / Other Time On:_____ Time Off:_____

Neuro: GCS:_____
E__/4 M___/6 V___/5

C-Spine Tender
☐ Yes ☐ No

Motor Deficit:
None
R UE/LE
L UE/LE

Skin: Burn: 1st 2nd 3rd %TBSA

Vision: Pupils R L

Brisk	☐	☐
Sluggish	☐	☐
NR	☐	☐
Hand Motion	☐	☐
Light Perception	☐	☐
No Light Perception	☐	☐

Size____mm ____mm

☐ Sedated
☐ Chemically Paralyzed
☐ Seizure Protocol
☐ Mannitol
☐ Intraosseus
☐ Central Line
☐ A-Line

HYPO / HYPERTHERMIA CONTROL MEASURES

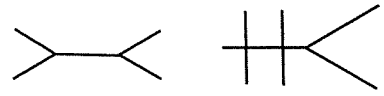
Begin Temp _____ Time/Date
End Temp _____ Time/Date

Temperature Control Procedure:

☐ Bair Hugger ☐ Init Resp Fluid Warmer
☐ Chill Buster ☐ Body Bag
☐ Cooling Blanket ☐ Other _____

LABORATORY

CBC **CHEMISTRY**



PT/ INR/ PTT

_____/_____/_____

LFTs

Amylase: _____
Alk Phos: _____
LDH: _____
Bili: _____
SGOT: _____
SGPT: _____
Other:

URINALYSIS

SpGr: _____
pH: _____
Chem: _____
Micro: _____
RBC: _____
WBC: _____
Bact: _____
HCG: _____

ALLERGIES

☐ NKDA
☐ ASA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ Latex
☐ Other

ABG

FiO2: _____ VENT:
pH: _____ YES NO
pCO2: _____ ETT Size:
pO2: _____ _____
HCO3: _____
Sat: _____
BE: _____

MEDICATIONS

☐ DT
☐ Abx _____
☐ Versed
☐ Morphine
☐ Fentanyl
☐ Other:

IV FLUIDS/BLOOD PRODUCTS

☐ Crystalloids _____cc's NS LR
☐ Colloids _____cc's
☐ PRBC's _____ _____units
☐ FFP _____ _____units
☐ Whole Bld _____ _____units
☐ Cryo _____ _____units
☐ PLT's _____ _____packs

PMH

☐ Unknown ☐ HTN
☐ None ☐ DM
☐ Cardiac ☐ Ulcer
☐ Respiratoy ☐ Other
☐ Seizure

Patient NAME/ID: Date: (dd,mm,yy)

Last: First MI MTF transferred from: MTF:

SSN/ID DOB (ddmmyy) Age ____

PHYSICIAN TRAUMA ADMITTING RECORD (THEATER HOSPITAL CARE) (Level 3)

X RAYS		OBTAINED	PENDING	RESULTS
	CT	☐ HEAD ☐ C-SPINE ☐ ABD/PELVIS ☐ CHEST		
	CXR	☐ SUPINE ☐ UP RIGHT ☐ _____		
	OTHER	☐ C-SPINE ☐ PELVIS ☐ LLE ☐ RLE ☐ RUE ☐ LUE ☐ _____ ☐ _____		

IMPRESSION:

DIAGNOSIS

1

2

3

4

5

PLAN:

EVACUATED TO/DISPOSITION

Admit to OR, ICU, ICW _____

☐ Evac to: Def Care, HN, Coalition, Facility Name _____

☐ RTD Unit _____

☐ Deceased (see below)

EVAC PRIORITY
☐ Routine
☐ Priority
☐ Urgent

Time of disposition: _____

TRIAD INDICATORS

Damage Control:	☐ yes	☐ no
Hypothermia:	☐ yes	☐ no
Coagulopathy:	☐ yes	☐ no
Shock:	☐ yes	☐ no

Class of Hemorrhage
I ☐ II ☐ III ☐ IV ☐

DNBI CATEGORY

☐ Cardiac	☐ GI	☐ Injury, MVC	☐ Psychiatric, Stress	☐ _____
☐ Dermatologic	☐ Heat/Cold	☐ Injury, Work/Training	☐ Pulmonary	☐ _____
☐ Endocrine	☐ Infectious Dz	☐ Injury, Other	☐ STDs	☐ _____
☐ FUO	☐ Injury, Sports	☐ Neurologic	☐ All Other Medical/Surgical	☐ _____

ATTENDING STAFF

Physician Signature: _____

Physician Printed or Typed Name: _____

CAUSE OF DEATH

Anatomic:
☐ Airway ☐ Chest ☐ Extremity U / L
☐ Head ☐ Pelvis ☐ Other, specify
☐ Neck ☐ Abdomen

Physiologic:
☐ MOF ☐ Hemorrhage ☐ Other
☐ CNS ☐ Total Body Disruption
☐ Sepsis ☐ Breathing

PATIENT ID/SSN

Last First MI MTF

SSN/ID DOB/AGE

JOINT THEATER TRAUMA NURSING RECORD

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS

Date: _____
Time of injury: _____
Time of arrival: _____
Transit time: _____
C-spine immob: Y/N Functional IV: Y/N
Intubated: Y/N Cric: Y/ N Needle Decompr: Y/N
T: ____ BP: ____/____ HR: ____ RR: ____ O_2Sat: ____
PAIN: _____ 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: _____ GCS: _____

TRIAGE CATEGORY

☐ Immediate
☐ Delayed
☐ Minimal
☐ Expectant

WOUNDED BY

☐ Unknown
☐ Enemy
☐ Friendly
☐ Civ (Host Nation)
☐ Training
☐ Self Accident
☐ Self Inflicted
☐ Sports Recreation
☐ Other:

MODE OF ARRIVAL

☐ Walked
☐ Carried
☐ USMC CASEVAC
☐ Non-med Ground
☐ Ground Ambulance
☐ Non-med Air
☐ Air Ambulance
☐ Ship EVAC
☐ Other:

PATIENT CATEGORY

Nation:
☐ US
☐ Host nation
☐ Coalition: _____
☐ Enemy: _____

Service:
☐ USA
☐ USN
☐ USMC
☐ USAF
☐ SOF
☐ Civilian
☐ Combatants
☐ Contractor
☐ Media
☐ ING
☐ IP
☐ Non-gov't Org
☐ Other:

☐ **ID WRIST BAND ON**

TOURNIQUET

☐ Yes ☐ No
Time on: _____ off: _____
Type: CAT/ SOFTT/ Other: ____

CPR IN PROGRESS

☐ Yes ☐ No
Time started: _____
Time ended: _____

GENDER

☐ Male
☐ Female

PRE-HOSP. WARMING

☐ Blanket
☐ Space blanket
☐ Body bag
☐ Other:

HOSP. WARMING

☐ Radiant Warmer
☐ IV bag Warmer
☐ Bair Hugger
☐ Pre-arrival
☐ Other:

PRE HOSP. MEDS @ _____ (time)

☐ Morphine _____ ☐ RSI Meds ☐ Antibiotic ☐ Other:
☐ Fentanyl _____ ☐ Seizure Med ☐ Mannitol

CHIEF COMPLAINT

EVAC FROM (Check/circle all that apply)

☐ Field
☐ Coalition
USA/ USN/ USAF/ USMC
Init Resp/Fwd Resus Care/Theater Hosp

PRIMARY SURVEY

AIRWAY

☐ Patent
☐ Stridor
☐ Drooling
☐ Obstructed
☐ Oral/Nasal Airway
☐ BVM
☐ Combi Tube
☐ Intubated
☐ Other:

BREATHING **Breath Sounds**

	Right	Left
☐ Unlabored		
☐ Labored	☐ Clear	☐
☐ Absent	☐ Rales	☐
☐ Retraction	☐ Wheeze	☐
☐ Flaring	☐ Absent	☐

Trachea: ☐Midline ☐Deviated
Chest Symmetry: (circle one)
Left> Equal <Right

CIRCULATION

Skin:
☐ Warm ☐ Cool ☐ Hot
☐ Pink ☐ Pale ☐ Cyanotic
☐ Dry ☐ Moist ☐ Diaph

Heart Sounds:
☐ Clear ☐ Muffled

Capillary Refill:
☐ <2 seconds (normal)
☐ >2 seconds (delayed)

DEFICIT/NEURO

☐ Alert
☐ Responds to Verbal
☐ Responds to Pain
☐ Unresponsive
GCS: _____
Eyes __/ 4 Verbal __/ 5
Motor __/ 6 **Total___/ 15**
Sphincter Tone:
☐ WNL ☐ Weak ☐ None

SECONDARY SURVEY

HEAD/NECK EENT

Drainage:
Nose (color): _____
CSF: + / -

Eyes: Equal R / L
Fixed R / L
Reactive R / L
Dilated R / L
Other: _____
C-Spine Tender:
☐ Yes ☐ No
Dental Injury:
☐ Yes ☐ No
Tympanic Membrane:
Clear R L
Blood R L

HEART/THORACIC

Rhythm:
☐ NSR (tachy/brady)
☐ V-fib/tach
☐ PEA
☐ Asystole
☐ Other

Pulses:
S = Strong **D** = Doppler
W = Weak **A** = Absent

Carotid ____ R ____ L
Femoral ____ R ____ L
Brachial ____ R ____ L
Radial ____ R ____ L
Pedal ____ R ____ L

JVD Distension: ☐ Yes ☐ No
Flail ____ **R** ____ **L**

ABDOMINAL/GU

☐ Flat
☐ Distended
☐ Obese
☐ Non-tender
☐ Tender
☐ Rigid
☐ Guarding
☐ Rebound Tenderness
☐ Unable to Assess
☐ Open Wound

Pelvis Stable:
☐ Yes ☐ No

Binder:
☐ Yes ☐ No

Hemorrhage:
☐ Yes ☐ No

Blood at Meatus/Vagina:
☐ Yes ☐ No

FAST DONE: POS / NEG / NA

Last Meal @ _____

EXTREMITIES

Fracture/Dislocation:
☐ RUE ☐ RLE
☐ LUE ☐ LLE

	Motor	Sens	ROM
RUE	+ / -	+ / -	+ / -
LUE	+ / -	+ / -	+ / -
RLE	+ / -	+ / -	+ / -
LLE	+ / -	+ / -	+ / -

LOG ROLL TIME: _____

Back exam:
☐ WNL
☐ ABNL (describe)
_____

PATIENT IDENTIFICATION

Name/Rank:
SSN/Patient Id #:
DOB: (ddmmyy) Age:_____
Deployed Unit:
MTF Transferred from: MTF:

ALLERGIES

☐ Unknown
☐ NKDA
☐ PCN
☐ Sulfa
☐ Morphine
☐ Codeine
☐ ASA
☐ Other:
_____

PAST MED HX

☐ Unknown
☐ None
☐ Respiratory hx
☐ Seizure hx
☐ Cardiac hx
☐ HTN
☐ DM
☐ Ulcers
☐ Other:

CURRENT MEDICATIONS

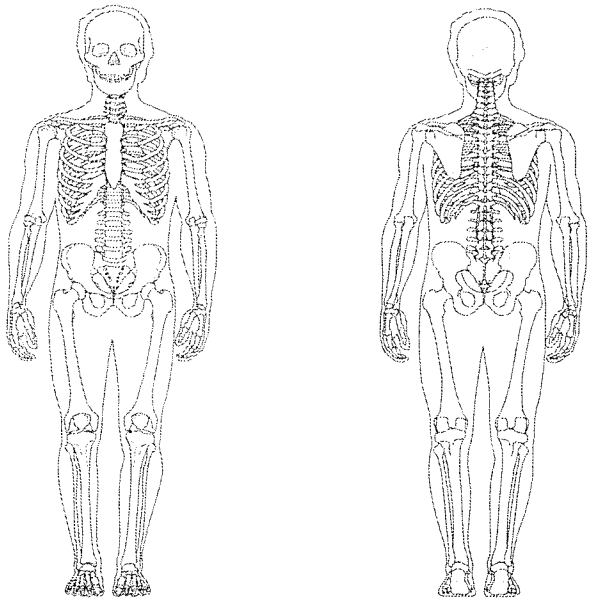
☐ Unknown
☐ None
☐ List Current Meds:
_____
_____
_____
_____
_____
_____

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**P**)ain
(**SS**)Seatbelt Sign
(**SW**)Stab Wound

R L L R



ANTERIOR POSTERIOR

MECHANISM OF INJURY

- ☐ Assault/Fight
- ☐ Biological
- ☐ Blast/Explosion
- ☐ Blunt Trauma
- ☐ Bomb
- ☐ Bldg Colapse
- ☐ Burn
- ☐ Chemical
- ☐ Crush
- ☐ Drowning
- ☐ Fall
- ☐ Flying Debris
- ☐ Grenade
- ☐ GSW/Bullet
- ☐ Helo Crash
- ☐ Other:
- ☐ Hot Obj/Liquid
- ☐ IED
- ☐ Knife/Edge
- ☐ Landmine
- ☐ Machinery
- ☐ Mortar
- ☐ Multi-frag
- ☐ MVC
- ☐ Plane Crash
- ☐ Rad/Nuclear
- ☐ Single Frag
- ☐ UXO

Burn: ☐ 1st ☐ 2nd ☐ 3rd
%TBSA = ___ Cause _____

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin Bandage (Type: _____ example: Chitosan) ☐ Other: _____

PROTECTIVE GEAR ☐ Unknown	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic Plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla Ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS	X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
	ET Intubation (Adnl changes in Notes)	Teeth_____	☐ oral ☐ nasal		☐ $ETCO_2$ Change ☐ BBS Post Int.		Chest		Head
	Gastric Tube		☐ oral ☐ nasal		☐ Verified _____ Suction Y N		Abdom.		Chest
	Urinary	Amt _____ Color _____	☐ meatus ☐ supra.		Heme Dip + / - Results _____cc		C-spine		Abdom.
							Pelvis		Pelvis
							Extrem.		
	Chest tube #1		L R		Air Bood				
	Chest tube #2		L R		Air Blood				
	A-line		L R			O2 on:	O2 off:	Nasal cannula ☐	
	Thoracotomy		L R					NRB Mask ☐	
	Tourniquet	Type:	Site:					BVM ☐	

LABS (others in Notes)

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ____
	Chemistry		UA
	PT/PTT		HCG
	TEG		Other

Intravenous Access

Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
					Total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) **DOB:** (ddmmyy) **Age**
Patient ID./SSN: **Deployed Unit**

JOINT THEATER TRAUMA NURSING RECORD

IV FLUIDS

TIME	FLUID	RATE	START	STOP	VOLUME

BLOOD PRODUCTS

UNIT #	TYPE	START	STOP	INITIAL	VOLUME

MEDICATIONS

DRUG	DOSE	ROUTE	TIME	INITIAL

NOTES

VITAL SIGNS

TIME	SBP	DBP	HR	RR	TEMP	SAO2	RHYTHM

INTUBATION MECH/VENT

TIME: _____ (Put adnl
FiO2: _____ changes
PEEP: _____ in Notes)
MODE: _____
RATE _____
TV: _____

DEATH INFORMATION

Time of Death:_____
Mortuary Affairs Notified?
☐ Yes ☐ No
Time to Morgue: _____
Rmks: _____

DISPOSITION

ADMIT: OR ICU ICW TIME:_____
RTD: FULL QUARTER PROFILE
AIR EVACUATION TO: _____
TIME DISPOSITION:_____ I LITTER W/C AMBULATORY

VALUABLES

	None found
	Secured by PAD
	Given to Patient

Time:_____

PATIENT IDENTIFICATION

Name: SSN	Nurse Name:
Trauma No.:	Signature: